



Tennessee Division of Rehabilitation Services

Tennessee Department of Human Services

"Customer Focused...Employment Driven"

STANDARD PROCEDURES DIRECTIVE DRAFT UPDATES

FOR THE

VOCATIONAL REHABILITATION SERVICES PROGRAM

Cherrell Campbell-Street, Assistant Commissioner

Department of Human Services

Division of Rehabilitation Services

MARCH 22, 2013

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Written comments will be accepted until Monday, April 15, 2013. Please send written comments to Assistant VR Director Yovancha Lewis-Brown.

Yovancha Lewis-Brown, Assistant VR Director
400 Deaderick St. 10th Floor
Nashville, TN 37243
615-313-5004 – phone
615-741-6508 – fax
Yovancha.lewis-brown@tn.gov

STANDARD PROCEDURES DIRECTIVE 6 – TRIAL WORK EXPERIENCES AND EXTENDED EVALUATION**6.1 General**

- Trial work experiences (TWE) may be necessary as part of the eligibility determination process for individuals with significant disabilities.
- Federal regulations require that if there is reason to believe that an individual's impairment is too severe for the individual to be able to benefit from services in terms of an employment outcome, the individual must be provided trial work experiences prior to making a determination of eligibility.
- A determination to require TWE must be made by a qualified vocational rehabilitation counselor.
- The purpose of trial work experiences is to document an individual's abilities, capabilities, and capacity to perform in work situations to determine whether:
 - The individual can benefit from services; or
 - There is clear and convincing evidence that the individual is incapable of benefiting from services in terms of an employment outcome.
- "Employment outcome" means entering or retaining full-time or, if appropriate, part-time competitive employment in:
 - An integrated labor market, to the greatest extent practicable;
 - Supported employment; or
 - Any other type of employment that is consistent with an individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.
- "Clear and convincing evidence" means that DRS must have documented "a high degree of certainty" before it can conclude that an individual is incapable of benefiting from services in terms of an employment outcome.
- If it is believed that an individual's impairment is too severe to benefit from services, the individual must be notified using the TWE Letter (see 6.4).
- Trial work experiences are provided in status 06 prior to a determination of eligibility.
- Trial work experiences or extended evaluation are provided without regard to the individual's financial circumstances.
- Trial work experiences require;
 - Justification for trial work experiences (see 6.2); and
 - Development of a written trial work plan (see 6.6).
- Support services, which include accommodations, must be provided as needed. The provision of support services and accommodations must adhere to the requirements in the relevant support service's SPD.
- If options for trial work experiences have been exhausted or are not available, an extended evaluation must be provided:
 - An extended evaluation can be provided in any setting that can simulate a work experience such as a situational assessment provided by a CRP or at a community TRC.
 - Contact the Central Office program specialist for policy if there are questions about extended evaluation.
- Trial work experiences or extended evaluation cannot be conducted before presumption of eligibility for individuals receiving SSI/SSDI benefits based on their disability (see SPD 7).
- If after presumption of eligibility it is questionable whether the individual can benefit from vocational rehabilitation services in terms of an employment outcome, the individual's work potential should be thoroughly evaluated.

6.2 Process

- There must be reasonable and clear justification to believe that an individual's impairment is too severe for the individual to be able to benefit from services in terms of an employment outcome. This justification must include:
 - A description of the severity of the individual's impairment and the resulting impediments to employment (see SPD 8.1.2); and
 - An explanation of why it is believed that the individual cannot benefit from services.
- See 6.5 for instructions for documenting justification and moving the case to status 06.
- Complete a written plan for trial work experiences, or extended evaluation when appropriate, (see 6.6) to provide services. The plan must include:
 - TWE or extended evaluation as the service;
 - Necessary support services;
 - Appropriate responsibilities; and
 - If extended evaluation is the service, an explanation in terms and conditions why trial work experiences cannot take place.
- During trial work experiences or extended evaluation, the counselor must assess progress at least every 90 days, but more often if indicated. The results of each periodic assessment must be recorded in a case note. The case note description should be, "TWE Periodic Assessment". The case note must contain:
 - How the assessment is being conducted;
 - A summary of the individual's progress;
 - An explanation of the reasons that eligibility for services cannot yet be determined; and
 - Identification of the individual needs and any anticipated program changes needed in order to be able to determine whether or not the individual is eligible for vocational rehabilitation services.
- Following completion of trial work experiences or extended evaluation, the counselor must make a determination of eligibility based on the outcome of the trial work experiences or extended evaluation.
- If supported employment is recommended as a result of the trial work experiences or extended evaluation, see SPD 37 for procedures to certify and provide supported employment services.

6.3 Service provision and authorization for services

- Trial work experiences must be provided by a Community Rehabilitation Provider (CRP) with a current service provider agreement (Letter of Understanding):
 - Referral for services, provision of services, and payment for services for trial work experiences must be in accordance with the service provider agreement and Fee Manual chapter 5.
 - The counselor is responsible for obtaining a copy of the service provider agreement and for being familiar with and abiding by its requirements. Contact the regional supervisor for a copy of the service provider agreement.
- An extended evaluation can be provided by a CRP or at a community TRC. Contact the Central Office program specialist for policy regarding payment for an extended evaluation.
- See 6.7 for authorizing for trial work experiences or extended evaluation and support services.

6.4 Instructions for TWE Letter

1. Open the letter from the ECF "add a new form" list.

2. Complete the date that you would like the client to contact you to discuss TWE and date the letter:
 - Print the letter and sign;
 - Scan the letter;
 - Attach the document to the letter in TRIMS;
 - Add appropriate information regarding the TWE; and
 - Mail the letter to the client.

6.5 Instructions for justification for trial work experiences or extended evaluation

6.5.1 General

It is important that the processes for completing information be followed as directed to properly complete the required information on the certification of eligibility/ineligibility form to open the trial work plan and move the case to status 06.

6.5.2 Instructions

1. Open the VR certification of eligibility/ineligibility from the ECF "add a new form" list.
2. The primary and secondary impairment sections should auto-populate from the intake.
3. The presumptive eligibility box will auto-populate with "Y" if SSI/SSDI. If "Y", trial work experiences cannot be provided. See SPD 7 for presumptive eligibility procedures.
4. Leave the "Eligibility Justification" section blank.
5. Leave the "Explain how the limitations cause an impediment to employment" section blank.
6. Leave the "Describe why VR services are required" section blank.
7. Under the "Trial Work Experiences or Extended Evaluation" section, explain why the individual is incapable of benefiting from VR services in terms of an employment outcome. The explanation must include:
 - A description of the severity of the client's impairment and the resulting impediments to employment (see 8.1.2); and
 - An explanation why it is believed that the client cannot benefit from services. This will open the date box and the "Open TW/EE Plan" bar.
8. Complete the date box to move the case to status 06 and click on the "Open TW/EE Plan" bar to open the trial work plan.
9. Close the certification of eligibility/ineligibility and complete the trial work plan (see 6.6).

6.6 Instructions for the trial work plan

Services cannot be authorized until the trial work plan (TWP) is completed.

1. If the trial work plan does not automatically open from the certification of eligibility, it can be opened from the ECF "add a new form" list.

2. The "Type of Plan" and "Plan Goal" auto-populate.
3. Enter the date the trial work experiences or extended evaluation will begin.
4. The "Plan Projected Cost" and "Agency Projected Cost" will auto-populate when the cost of the services are completed.
5. Complete the service section for all appropriate services necessary to accomplish the plan goal:
 - Select "Trial Work Experiences", or "Extended Evaluation" when appropriate, for the service;
 - Select the vendor;
 - The number of units may auto-populate. Select the number of units if it does not auto-populate;
 - The type of unit should auto-populate. Select the appropriate unit if it does not auto-populate;
 - The unit price should auto-populate for TWE with \$500. Complete the unit price if it does not auto-populate;
 - The "Amount" calculates automatically;
 - Select how the service will be funded;
 - If there is a special note regarding the service, enter it in the "Service Detail" box. Otherwise, leave the box blank;
 - Complete the service dates;
 - For "Has the appointment been scheduled?", check "Y" or "N";
 - When the outcome of the service is known, re-open the TWP and select the outcome (see note below);
 - At the time the outcome is completed, enter the outcome date;
 - To add a support service:
 - Click within the service section to highlight the section;
 - Select "Tools" from the menu bar at the top; and
 - Select "Add Service".

Note: The outcome and outcome date of the trial work experiences or extended evaluation must be completed regardless of whether the trial work experiences or extended evaluation is completed for continuation of determining eligibility on the certification of eligibility/ineligibility form.

6. Select the criteria for evaluation of progress towards the plan goal. If the appropriate criterion is not listed, type in the criterion.
7. Select the terms and conditions of the TWP:
 - If the appropriate term or condition is not listed, type in the term or condition.
 - If an extended evaluation is conducted, include an explanation why trial work experiences cannot take place.
8. Select the responsibilities of the client. If the appropriate responsibility is not listed, type in the responsibility.
9. Select the responsibilities of DRS. If the appropriate responsibility is not listed, type in the responsibility.

10. Select the responsibilities of other entities providing comparable services or benefits that are not arranged by DRS. If the appropriate responsibility is not listed, type in the responsibility.
11. If the client has comments about the TWP, complete the "Client Comments" section. Otherwise, leave blank.
12. Select how the plan was developed. The client must agree with the selection.
12. Review the TWP "Understandings" with the client.
13. If any of the services on the TWP requires supervisory approval, the counselor must obtain supervisory approval before approving and dating the TWP. See SPD 60 for services requiring supervisory approval and the appropriate SPD for the approval process.
14. If the supervisor requires review of TWPs:
 - Do not date and sign the TWP until the supervisor reviews and approves the TWP.
 - The counselor must notify the supervisor that an IPE is ready for review (alternate methods of notification may be requested by the supervisor):
 - In the TWP's case note footer, complete the date and the description should be "Request TWP Review";
 - Below the note section of the case note footer, check the block next to "Assign this as a task to someone":
 - Assign the task to the supervisor;
 - Complete "Due Date:"; and
 - At "Send Email Reminder To", click on "Task Assignee" to send an email to the supervisor.
 - When notified, the supervisor will:
 - Open the case file;
 - Review the TWP;
 - Follow up if there are any questions;
 - Open a new case note with description "Request TWP Review";
 - In the case note, state whether or not the TWP is approved. If not approved, include instructions for changes in the case note or discuss the changes in person with the counselor;
 - Assign to the counselor;
 - Complete "Date Complete"; and
 - Click on "Task Assignee" to send an email to the counselor.
 - Make any required changes to the TWP and go to #17 below.
15. If the counselor is on probation or the supervisor has requested a temporary counselor role change to require supervisor approval:
 - The counselor approves the TWP by checking "Y" in the "Approved" box and then dates and signs the TWP to open the signature line and date box for the supervisor and the client:
 - The supervisor will be notified via PDQ and email that a TWP is ready for approval. Additional methods of notification may be required by the supervisor.
 - When notified, the supervisor will:
 - Open the case file;
 - Review the case file information and the TWP;
 - Follow up if there are any questions or changes;
 - If there are any changes:
 - The supervisor should discuss the changes with the counselor in person for clarification and for future TWPs; and

- The counselor must do the following before the supervisor approves:
 - Remove the counselor's date and make the changes;
 - Approve, date and sign the TWP; and
 - Notify the supervisor of the changes.
 - If there are no changes or after changes are made, the supervisor approves, dates and signs the TWP; and
 - Notify the counselor by an appropriate method that the TWP has been approved.
 - Alternate methods for obtaining counselor and supervisor signatures may be implemented by the supervisor.
 - When the supervisor approves the TWP, go to #18 below.
16. If not required as in #16 above, the counselor checks "Y" in the "Approved?" box dates and signs to open the date and signature line for the client.
17. If additional changes are necessary after the counselor dates and signs the TWP but before the client dates and signs:
- Delete the counselor's date;
 - A case note will be generated acknowledging the retracted date;
 - The initial TWP will be locked and a TWP designated "Revision" will be available in the ECF when the locked TWP is closed;
 - Close the locked TWP and open the TWP designated "Revision";
 - Make the necessary changes and review with the client, if necessary;
 - When the changes are completed and approved by the client, if necessary, the counselor dates and signs the TWP again.
18. After the counselor, and supervisor when appropriate, dates and signs, the client dates and signs on the appropriate lines. See #19 below for appropriate client signature guidelines.
19. Signature of client or other appropriate person:
- If the nature of the disability prevents a client from signing, the following are acceptable in place of the client's signature:
 - A mark placed on the signature line along with the signature of a witness, who should be someone other than the counselor;
 - An audio tape with client identifying him/herself and indicating approval of the TWP;
 - A TDD record with client identifying him/herself and indicating approval of the TWP;
 - The signature of a guardian or a representative chosen by the client ; or
 - Court-appointed guardian, if there is one. A copy of the court order must be documented in the case file:
 - Scan the court order;
 - Open "Scanned Document" from the available forms list;
 - Select "Legal" for the Category;
 - Type "Guardian Court Order" in description;
 - Attach the documentation; and
 - Properly dispose of the document.
 - Parent's signature is required if client is under age 18 and not legally emancipated:
 - Generally a minor who is legally emancipated will have documentation;
 - If there is any question about whether a minor is emancipated, contact your local legal counsel;
 - Documentation of legal guardianship or emancipation must be documented in the case file. The case description should be

“Documentation of Legal Guardianship” or “Documentation of Emancipation”:

- Scan the documentation;
- Open "Scanned Document" from the available forms list;
- Select "Legal" for the Category;
- Type “Documentation of Legal Guardianship” or “Documentation of Emancipation” in description;
- Attach the documentation; and
- Properly dispose of the documentation.

20. Confirm that the case moves to status 06. Refresh the grid data, if necessary.

21. Print the TWP and give to the client or client's representative.

22. When the trial work experiences or extended evaluation is complete:

- Open the TWP and complete the "Completed On" date of the trial work experiences or extended evaluation;
- If a determination of eligibility will be completed, see SPD 8.6.3, #3 to complete a determination of eligibility; or
- If a determination of ineligibility will be completed:
 - Select the appropriate certification parameters in the "Eligibility Guidelines" section;
 - Select the reason for closure; and
 - See SPD 11.2.6 to complete the certification of ineligibility.

23. The TWP can be amended, if necessary.

24. If the TWE will not be completed for any reason, the following must be completed in order to complete the certification of eligibility/ineligibility and/or close the case:

- "Service" section;
- "Trial Work / Extended Evaluation Completed On" date following the "Understandings Section";
- Check "Approved" "Y" for counselor and client. "Y" must be checked for the client even if the client does not/will not sign;
- Select "Withdrawn" or "Incomplete" for "Outcome" and complete the "Outcome Date".
- Print, sign, scan and attach as required; and
- In the case note footer, explain why the TWE was withdrawn or not completed.

6.7 Instructions for the Authorization & Invoice (A&I) form for trial work experiences or extended evaluation

6.7.1 General

- The A&I for trial work experiences will show only for cases in status 06.
- It is important that the processes for completing information be followed as directed to properly complete the A&I.
- There are some automatic features built into the A&I. These features are explained in 6.5.2.
- Some features are not available unless dates or required information are completed.

- If the wrong A&I type is inadvertently opened or an A&I does not need to be completed, the A&I will remain in the ECF. An explanation should be completed in the case note footer.
- If an A&I is completed but the service is not provided, the balance of the A&I can be canceled:
 - Open "Tools"; and
 - Select "Cancel Balance".

6.7.2 A&I automatic features

Automatic features include:

- Limiting the selection of vendor's and services to those described in the trial work plan;
- Auto-populating the vendor's information when the vendor is selected;
- Auto-populating the client's name and address;
- Auto-populating the counselor's name and address;
- Auto-populating the service when the vendor associated with the service described in the trial work plan is selected;
- Auto-populating the "Unit" field;
- Limiting the cost to the amount allocated for the service in the trial work plan;
- Total cost calculation:
- For new counselor's, approval requirement for the supervisor; and
- User role approval capabilities. Circumstances may warrant A&I preparation and approval by the counselor and a support person or preparation and approval may both be allowed by the counselor.
- See 46.11.7 for new counselor procedures.

6.7.3 Instructions

1. Open the VR Authorization (Trial Work or Extended Evaluation) from the available forms list. The services and service providers must be included in the trial work plan.
2. Complete "Date of Authorization" and hit the Tab key.
3. Verify that the "Requesting Staff" name is correct.
4. Select the vendor that will provide the service.
5. Select the "Service Description".
6. Complete the "Service Begin Date".
7. Completed the expected "Service End Date".
8. Complete "Quantity".
9. Select the "Unit" if it did not auto-populate.
10. Complete the "Unit Price" and hit the Tab key.
11. Select or type vendor instructions in the "Service Detail" text box below "Quantity". Specific vendor instructions can be found in the SPD for the service.
12. Complete the "Ready for Approval" date box and hit the Tab key.

13. If the person preparing the A&I can approve the A&I, check "Y" in the "Approved" box and date and sign.
14. If the person preparing the A&I cannot complete the approval process notify the person who can complete the A&I that it is ready for approval:
 - Below the note section of the A&I case note footer, check the block next to "Assign this as a task to someone";
 - In the A&I case note footer, the description should be "A&I Ready for Approval";
 - Add a note, if appropriate;
 - Assign the task to the correct person;
 - Complete "Due Date"; and
 - At "Send Email Reminder To", click on "Task Assignee" to send an email to the person.
 - The person will:
 - Open the case file;
 - Review the A&I for completeness; and
 - Check "Y" in the "Approved" box and complete the date.
15. After the A&I is dated and signed:
 - Copy the A&I and place in a temporary folder or scan and attach the A&I to the A&I in TRIMS;
 - Send the A&I to the vendor.
16. When the A&I is ready for payment approval:
 - Scan the A&I;
 - Attach it to the A&I in TRIMS;
 - If a new revised A&I was completed due to an increase in cost, attach all scans to the new revised A&I;
 - Type "A&I Vendor Signature" in attachment notes; and
 - Properly dispose of the A&I and the copy held in the temporary folder.
17. If the vendor sends an invoice:
 - Scan the invoice;
 - Attach it to the A&I in TRIMS;
 - Type "Vendor Invoice" in attachment notes; and
 - Properly dispose of the invoice.
18. See SPD 46.11.6 for payment approval process.

STANDARD PROCEDURES DIRECTIVE 7 – PRESUMPTION OF ELIGIBILITY**7.1 General**

- Federal regulations require that an individual who has been determined eligible for Social Security Disability Insurance (SSDI) benefits or Supplemental Security Income (SSI) benefits based on the individual's own disability or blindness:
 - Is presumed eligible for vocational rehabilitation services, provided the individual intends to achieve an employment outcome; and
 - Is considered an individual with a significant disability;
- Presumption of eligibility must be completed as soon as possible after verification of SSI/SSDI (see 7.2) without consideration of age or consideration as to whether the individual can benefit from vocational rehabilitation services in terms of an employment outcome.
- Presumption of eligibility certification must be recorded on the certification of eligibility/ineligibility form (see 7.4).
- Individuals presumed eligible will move to status 10.
- All clients presumed eligible must have an Employment Needs Assessment and, unless it is questionable whether the individual can benefit from vocational rehabilitation services in terms of an employment outcome, a determination of priority category (see SPD 10.2).
- The priority category for clients presumed eligible must be at least 2.
- Limitations to functional capacities will be documented and determined in the same manner as for clients who do not receive SSI/SSDI. The fact that a client receives SSI/SSDI is not documentation for a functional limitation.
- If after presumption of eligibility it is questionable whether the individual can benefit from vocational rehabilitation services in terms of an employment outcome, the individual's work potential should be thoroughly evaluated.
- If after thorough evaluation it is determined that a client cannot benefit from vocational rehabilitation services in terms of an employment outcome, close the case in status 30 for reason of disability too severe.
- If the appropriate priority category is 2 but circumstances warrant reclassifying to priority category 1, see SPD 10.4.
- All clients presumed eligible who will have an IPE developed must be referred to a Benefits to Work analyst as soon as possible for work incentives information and benefits planning assistance (see 7.3 and 7.5).

7.2 Documentation for presumption of eligibility

- Even though the client may present an award letter, eligibility for SSI or SSDI based on the individual's disability or blindness must be verified and documented by Clearinghouse Information (see SPD 2.7):
 - For individual's receiving SSDI benefits the information includes:
 - CAN (Claim Number) is the person's account (SSN) from which benefits are drawn. If the CAN is different than the client's SSN, benefits are drawn on another person's account.
 - BIC (Beneficiary Identification Code) identifies the person from whose account benefits are drawn.
 - LAF (Ledger Account File) will show the payment status. It should be "Current pay status (except railroad)". Presumption of eligibility is not allowed for any other status.
 - Disability Onset date which is the date the client was determined eligible for benefits based on his or her disability. If there is not a disability onset date, the client is not receiving SSDI based on his or her disability.

- Current Benefits date which is the date the client began receiving benefits.
- Terminated date which is the date the client's benefits were terminated.
- Monthly Net which is the monthly benefit amount the client is receiving.
- If a SSDI claim is not allowed, the client may be eligible for SSI.
- For individuals receiving SSI benefits the information includes:
 - Recipient Type which identifies the person who is receiving benefits.
 - Status Date which is the date
 - Payment Status will be "Current Pay".
 - There will be an "Eligible Date".
 - If the payment status has a different designation, the individual is not drawing on his or her disability.
- A client may be eligible for SSDI and SSI.
- Information on the Social Security Master Beneficiary Record can be found at http://www.cdc.gov/nchs/data/datalinkage/nchs_ssa_data_codebook_2009.pdf.

7.3 Benefits to Work services

- Benefits to Work services are provided by Benefits Analysts under a grant contract.
- Benefits to Work services includes:
 - Work incentives information;
 - Benefits planning analysis; and
 - A Benefits and Work Plan, if necessary.
- Referrals for Benefits to Work services is required for all clients presumed eligible and for all clients who are determined eligible for SSI/SSDI benefits based on their disability after eligibility determination (see 7.6 for referral form).
- For clients who need a Benefits and Work Plan, as determined by the counselor and Benefits Analyst, Benefits to Work services must be added to the client's IPE:
 - Select "Benefits to Work Services" for the service on the IPE (service code FB600).
 - Select "Tennessee Disability Coalition" as the Vendor.
 - The following should auto-populate:
 - No. Units = 1;
 - Unit = BTWS; and
 - Cost = "0.00".
 - Select "DRS A&I" for Funded By.
 - Select "DRS contract" for Method of Procuring Services.
 - The service will contribute to all major service objectives.
 - No authorization is required. Payment is made under the provisions of the contract.
- After a Benefits and Work Plan is developed, it must be documented in the ECF.

7.4 Instructions for presumption of eligibility certification

7.4.1 General

- The intake form should be properly completed or updated to indicate receipt of SSI or SSDI benefits.
- It is important that the processes for completing information be followed as directed to properly complete the form.
- See 7.4.2, #10 prior to dating the form in TRIMS.

7.4.2 Instructions

1. Open the VR certification of eligibility/ineligibility from the ECF "add a new form" list.
2. The primary and secondary impairments should auto-populate from the intake.
3. Presumptive eligibility will auto-populate with a "Y" if an SSI or SSDI benefit amount is populated as a source of income on the intake. Verification of SSI/SSDI is required prior to completing presumptive eligibility.
4. If no SSI/SSDI benefit amount is populated as a source of income on the intake but the client begins receiving benefits prior to eligibility certification, complete the appropriate information on the intake and refresh. Presumptive eligibility should auto-populate with a "Y". If not, check "Y" for presumptive eligibility and complete presumed eligibility.
5. The following sections should not be completed for presumed eligibility:
 - Eligibility justification;
 - Selection of a limitation to functional capacity or services;
 - Explanation for the impediment to employment;
 - Description of why VR services are required; and
 - Whether the individual can benefit from VR services in terms of an employment outcome (see #6 below if trial work experiences or extended evaluation is warranted).
 - Trail Work Experiences section.
6. Under the "Eligibility Guidelines" section the eligibility parameters will auto-populate for presumed.
7. Significant disability and eligible/ineligible determination auto-populate for presumed.
8. If the supervisor requires review of certifications prior to dating:
 - Unless the supervisor is required to approve the certification (see #10 below), do not date and sign the certification until the supervisor reviews the certification.
 - The counselor must notify the supervisor that a certification is ready for review (alternate methods of notification may be requested by the supervisor):
 - In the certification's case note footer, complete the date and the description should be "Request Certification Review". A note can be added, if necessary
 - Below the note section of the case note footer, check the block next to "Assign this as a task to someone":
 - Assign the task to the supervisor;
 - Complete "Due Date"; and
 - At "Send Email Reminder To", click on "Task Assignee" to send an email to the supervisor.
 - When notified, the supervisor will:
 - Open the case file;
 - Review the certification;
 - Follow up if there are any questions;
 - Open a new case note with description "Request Certification Review";
 - In the case note, state whether or not the certification is approved. If not approved, include instructions for changes in the case note or discuss the changes in person with the counselor:

- Assign to the counselor;
 - Complete "Date Complete:"; and
 - Click on "Task Assignee" to send an email to the counselor.
 - Make any required changes and go to #10 below.
9. For new counselors on probation or the supervisor has requested a temporary counselor role change to require supervisor approval:
- The counselor must date and sign the certification to open the date and signature line for the supervisor.
 - The supervisor will be notified via PDQ and email that a certification is ready for review. Additional methods of notification may be requested by the supervisor.
 - When notified, the supervisor will:
 - Open the case file;
 - Review the case file information and the certification;
 - Follow up if there are any questions or changes;
 - If there are any changes:
 - The supervisor should discuss the changes with the counselor in person for clarification and for future TWP's; and
 - The counselor must do the following before the supervisor approves:
 - Remove the counselor's date and make the changes;
 - Approve, date and sign the TWP; and
 - Notify the supervisor of the changes.
 - If there are no changes or after changes are made, the supervisor approves, dates and signs the TWP; and
 - Notify the counselor by an appropriate method that the TWP has been approved.
 - Alternate methods for obtaining counselor and supervisor signatures may be implemented by the supervisor.
 - The supervisor should disregard the presumed letter that opens. The counselor should open and complete the presumed letter.
 - When the supervisor approves the certification, go to #11 below.
10. If not required as in #8 above, the counselor dates and signs the form.
11. Date and sign the certification to move the case to the appropriate status.
12. Confirm that the case moves to status 10. Refresh the grid data, if necessary.
13. The Presumed Eligible Letter to the client should open automatically after dating and signing the certification of eligibility:
- Complete the date that you would like the client to contact you to discuss the Employment Needs Assessment
 - Date and sign the letter; and
 - Mail the letter to the client.

7.5 Instructions for Benefits to Work Services referral form

1. Open the form from the ECF "add a new form" list letter section.
2. Check the services requested:
 - Information & Referral - a Benefits Analyst will call the person to provide information about SSI/SSDI and referral for other information services.

- General - The person must be scheduled to attend a benefits and work incentives overview session conducted by a Benefits Analyst and normally held at a VR office.
 - Intensive - The Benefits Analyst will schedule a meeting to meet with the client to conduct a benefits analysis and develop a Benefits and Work Plan. Benefits to Work services must be added to the client's IPE.
3. Client information will auto-populate. Complete the client's email, if available.
 4. If applicable, complete the name and phone number of the client's representative payee or legal guardian.
 5. Check the type of benefits.
 6. The client's impairment will auto-populate from the intake.
 7. Complete additional information that may be helpful for the Benefits Analyst.
 8. The referring VR counselor information will auto-populate.
 9. Complete the appropriate Benefits Analyst information.
 10. Email the referral form to the appropriate Benefits Analyst:
 - With the form open, click on "File";
 - Click on "Send to";
 - For "To:" type in the Benefits Analyst's email address;
 - For "CC" leave blank or type or select a recipient;
 - Include a comment, if necessary;
 - Click "Send";
 - Close the form.

STANDARD PROCEDURES DIRECTIVE 8 - DETERMINATION OF ELIGIBILITY**8.1 Eligibility requirements****8.1.1 General**

- A determination of eligibility must be made by a qualified vocational rehabilitation counselor within 60 days from the date of application unless:
 - Exceptional and unforeseen circumstances beyond the control of DRS precludes making a determination of eligibility; and
 - The individual or individual's representative agrees to a specific extension of time (see 8.2); or
 - There is reason to believe that an individual's impairment is too severe for the individual to be able to benefit from services in terms of an employment outcome and the individual requires an exploration of his/her capacity to perform in work situations through trial work experiences or extended evaluation (see SPD 6).
- A determination of eligibility is based on:
 - A review and assessment of existing data;
 - Counselor observation. For example:
 - Loss of use of extremities;
 - Use of a wheelchair;
 - Deafness;
 - Blindness;
 - Unintelligible speech;
 - Severe mobility problems; or
 - Other readily observable conditions which are obviously stable and may result in a substantial impediment to employment.
 - Education records;
 - Information provided by the individual or the individual's family;
 - Determinations made by other agencies;
 - Results of trial work experiences or extended evaluation; and/or
 - Other appropriate information obtained in accordance with DRS procedures.
- As necessary, the counselor should consult with the district supervisor and the medical or psychological consultant regarding interpretation of medical records or any need for further information to document the disability and impediment to employment.
- A determination of eligibility must be recorded on the certification of eligibility/ineligibility form (see 8.6).
- See 8.3 and 8.4 for clients who receive SSI/SSDI benefits based on their own disability.

8.1.2 Criteria

- Based on the available information, the counselor must determine if the individual:
 - Has a physical or mental impairment that constitutes or results in a substantial impediment to employment;
 - Requires vocational rehabilitation services to prepare for, secure, retain, or regain employment; and
 - Can benefit in terms of an employment outcome from vocational rehabilitation services.
- "Physical or mental impairment that constitutes or results in a substantial impediment to employment":
 - "Physical or mental impairment":

- Any physiological impairment, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculo-skeletal, special sensory organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine; or
- Any mental impairment such as intellectual disability (mental retardation), organic brain syndrome, emotional or mental illness, autism and specific learning disabilities.
- "That constitutes or results in a substantial impediment to employment":
 - Defined as substantial problems created by a physical, mental or sensory impairment that interferes with preparing for, entering into, engaging in, or retaining employment.
 - Substantial impediments created by an impairment can include:
 - An individual's inability to secure employment by not being able to search for jobs, complete applications, interview, etc;
 - An individual's inability to perform essential job functions required to complete tasks, understand instructions, move about the work place, communicate, etc;
 - Termination of employment due to poor work habits, inappropriate behaviors, etc;
 - Lack of marketable skills;
 - Low educational level;
 - Community and employer prejudices;
 - Any other affected work activity.
 - Documentation for substantial impediments can include:
 - Client report;
 - As reported in records;
 - Counselor's or other significant person's observations;
 - Counselor knowledge of impairments;
 - Client work or education history; or
 - Any other appropriate information.
 - Following certification, specific client behaviors associated with substantial impediments to employment are documented in the Employment Needs Assessment (see SPD 10.2.2).
- "Requires vocational rehabilitation services to prepare for, secure, retain, or regain employment consistent with the individual's unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice".
- "Can benefit in terms of an employment outcome from the provision of vocational rehabilitation services":
 - Presumed unless there is reason to believe that an individual's impairment is too severe.
 - If there is reason to believe that an individual's impairment is too severe, DRS must demonstrate based on clear and convincing evidence obtained through trial work experiences or extended evaluation, that the applicant is incapable of benefiting in terms of an employment outcome (see SPD 6).
 - Trial work experiences or extended evaluation is prohibited for clients who are eligible for SSDI and/or SSI benefits based on their own disability or blindness (see SPD 7).

8.2 Extension of time to make a determination of eligibility

8.2.1 Request for extension of time

- A request for an extension of time to make a determination of eligibility is required if eligibility determination cannot be made within 60 days from the date of application. The reason for the delay must be recorded in a case note:
 - The case note description should be, "Eligibility Time Extension Justification".
 - The case note must contain the reasons why eligibility determination cannot be completed within 60 days.
- Inability to complete eligibility determinations within 60 days due to inaction by the counselor may result in disciplinary action.
- To make a request for an extension of time the counselor must:
 - Contact or notify in writing the individual or individual's representative and describe the reason for the delay;
 - Give the future date by which a determination of eligibility will be made; and
 - Request agreement from the individual or individual's representative.

8.2.2 Agreement to an extension of time

- Agreement to an extension of time must be obtained prior to the date the extended time period will begin. For example, agreement for an extended time period that begins on day 61 must be obtained no later than day 60.
- Agreement to an extension of time may be documented in writing, by phone or email contact, or by other appropriate methods.
- Regardless of the method used to document the client's agreement, completion of the 60-day Extension Letter (see 8.5) in TRIMS is required to update the time extension clock in the TRIMS Action Alert PDQ. It is recommended that if agreement is by phone, email or other method, that the letter is sent as confirmation.
 - If agreement is requested through the Extension Letter and the letter is not returned appropriately completed, signed and dated by the end of the 60 day period, attempt to contact the individual or individual's representative by phone or other appropriate method on day 60.
 - If contact by phone or other appropriate method is made on day 60, document the contact in a case note:
 - The case note description should be, "Eligibility Determination Time Extension Agreement".
 - The case note must contain the future date that a determination of eligibility will be made and that the individual or individual's representative is in agreement.
- Agreement by phone, email or other appropriate method is documented in a case note:
 - The case note description should be, "Eligibility Determination Time Extension Agreement".
 - The case note must contain the future date that a determination of eligibility will be made and that the individual or individual's representative is in agreement.
- If the individual or individual's representative does not agree to extend the time to determine eligibility or attempts to contact the client have been unsuccessful (and documented in the case file), make a determination of eligibility based on the available information no later than day 60.

8.2.3 Additional extensions of time

If a determination of eligibility cannot be made within the initial time extension period, the counselor must document the circumstances and contact the individual or individual's representative as described in 8.2.1 and 8.2.3 and request an additional extension of time.

8.3 Presumption of eligibility

An individual who is eligible for Social Security Disability Insurance (SSDI) benefits or Supplemental Security Insurance (SSI) benefits based on his/her own disability or blindness must be presumed eligible provided that the individual intends to achieve an employment outcome (see SPD 7).

8.4 Disability too severe

- If the counselor has reason to believe that the disability is too severe for the individual to be able to benefit from DRS services in terms of an employment outcome, the individual must be referred for trial work experiences or extended evaluation prior to determining eligibility (see SPD 6).
- An individual who is eligible for SSDI and/or SSI benefits based on his/her own disability or blindness must be presumed eligible without consideration as to whether the individual can benefit from vocational rehabilitation services in terms of an employment outcome.

8.5 Instructions for the 60-day Extension Letter

1. Open the letter from the "add a new form" list in the ECF or, if the certification of eligibility has been opened, by clicking on "Add Extension Letter".
2. Revise the default projected date for determining eligibility, if necessary.
3. Specify the reasons why eligibility cannot be determined within the required time period. If agreement was reached by phone, email or other method, it is recommended that this be confirmed and how it was obtained.
4. Date and sign the letter.
5. Include a self-addressed, stamped envelope for return and mail the letter to the client.
6. Diary the extension date for follow-up.
7. If the letter is opened from the certification of eligibility, the extension date will be automatically diared.
8. When the letter is returned, check to make sure it is appropriately completed and signed and dated:
 - Scan the letter;
 - Attach the document to the extension letter in TRIMS;
 - Add appropriate information regarding the time extension in "Attachment Notes"; and
 - Properly dispose of the letter.

8.6 Instructions for certification of eligibility

8.6.1 General

- It is important that the processes for completing information be followed as directed to properly complete the certification.
- There are some automatic features built into the form. These features are explained in 8.6.2.
- Some features are not available unless information is completed for a text box or a bar is clicked to open another form or letter.
- All eligibility and supporting documentation must be obtained prior to completing the certification and must be documented in the case file using "Scanned Document".
 - Scan the documentation;
 - Open "Scanned Document" from the available forms list;
 - Select the appropriate Category. For example "Medical", Psychological", Assessment", etc.;
 - Type "Records from (doctor/hospital)", "Report from (examiner/psychologist)", "Vocational Evaluation Report", etc. in description;
 - Attach the document; and
 - Properly dispose of the documentation or return it to the client.

8.6.2 Certification of eligibility automatic features

Automatic features include:

- The "Impairments" section will auto-populate with the same impairments entered on the intake.
- If SSI/SSDI information is verified and entered as a source of income on the intake:
 - The presumed box will auto-populate with "Y";
 - The appropriate parameters under the "Eligibility Guidelines" section will auto-populate; and
 - "Significant Disability" will auto-populate with "Y".
- When an extension letter is completed and dated, the extension date auto-populates in the "Extensions" section date box and updates the Action Alert PDQ.
- If trial work experiences or extended evaluation is warranted and an explanation is typed into the "Explain why Rehabilitation Services is unable to determine" text box, the trial work date boxes and the "Open TW/EE Plan" bar will show (see 8.6.3, #10).
- The eligibility parameters under the "Eligibility Guidelines" section may auto-populate depending on the information entered on the form. The parameters under the "Eligibility Guidelines" section can also be selected by the counselor, when appropriate.
- When the ineligible parameter is displayed, a "Reason for Closure" box shows.
- The eligibility/ineligibility determination is completed and the appropriate status move occurs by completing the date and hitting the Tab key.
- If required sections of the form have not been completed, an edit box will open identifying the incomplete sections. These sections must be completed before dating the form.
- When an eligibility determination is completed, the case automatically moves to status 10.
- When the case moves to status 10, a letter to the client will auto-open.
- When an ineligible determination is completed, the case automatically closes in status 08 (see SPD 11).

8.6.3 Instructions

1. Open the VR certification of eligibility/ineligibility from the ECF "add a new form" list.
2. The primary and secondary impairments should auto-populate from the intake.
3. If "no impairment" was entered on the intake form for both primary and secondary impairments and this remains the case, skip to the "Eligibility Guidelines" section and complete a determination of ineligibility (see SPD 11).
4. If SSI/SSDI benefits information is properly completed as a source of income on the intake (see SPD 2.11.2), presumptive eligibility will auto-populate with "Y". If no SSI/SSDI amount is completed on the intake but the client has since been allowed SSI/SSDI and it has been verified, check presumptive eligibility "Y". The amounts for SSI/SSDI will be completed on the case and closure information form at the time of case closure. If presumptive eligibility is "Y", see SPD 7 for presumptive eligibility procedures.
5. If a time extension to determine eligibility is necessary, click the "Add Extension Letter" bar to open the 60-day Extension Letter (see 8.5) to the client.
6. Complete the eligibility justification section:
 - Describe the disability and the supporting documentation;
 - Refer to SPD 9 for additional information that is required for certain disabilities.
7. Explain the substantial impediments to employment created by the impairment that creates problems securing and maintaining employment and performing work duties. For example:
 - The client is unable to search for jobs, complete applications, interview, etc;
 - The client is unable to complete tasks, understand instructions, move about the work place, communicate, etc;
 - The client has been terminated from jobs because of poor work habits, inappropriate behaviors, etc;
 - The client has limited marketable skills;
 - The client has little or no education; or
 - The client has experienced community or employer prejudices.
8. Describe why VR services are required for the individual to prepare for, enter, engage in, or retain gainful employment. Based on the proposed rehabilitation needs of the individual described for each functional limitation, explain DRS's involvement in meeting these needs in terms of services and assistance. For example:
 - DRS services are required to correct or reduce the disability or reduce the impediment to employment by providing:
 - Prescribed physical (mental) restoration services;
 - Specialized training and employment services;
 - Academic training and employment services;
 - Specialized employment services;
 - DRS assistance is needed to
 - Pay for, arrange or coordinate services;
 - Coordinate the provision of services through comparable benefits and services or through other resources.

9. Unless trial work experiences or extended evaluation is warranted, do not explain why Rehabilitation Services is unable to determine whether the individual can benefit from VR services in terms of an employment outcome. If warranted, see SPD 6:
 - Following completion of the trial work experience or extended evaluation, re-open the VR certification of eligibility/ineligibility;
 - The "Completed On" date will auto-populate if the TWP has been properly completed. The "Completed On" date must be populated on the certification to complete the certification of eligibility; and
 - Complete the certification of eligibility/ineligibility appropriately.
10. Under the "Eligibility Guidelines" section, complete each certification parameter appropriately.
11. If the supervisor requires review of certifications:
 - Do not date and sign the certification until the supervisor reviews the certification.
 - The counselor must notify the supervisor that a certification is ready for review (alternate methods of notification may be requested by the supervisor):
 - In the certification's case note footer, complete the date and the description should be "Request Certification Review". A note can be added, if necessary;
 - Below the note section of the case note footer, check the block next to "Assign this as a task to someone":
 - Assign the task to the supervisor;
 - Complete "Due Date"; and
 - At "Send Email Reminder To", click on "Task Assignee" to send an email to the supervisor.
 - When notified, the supervisor will:
 - Open the case file;
 - Review the case file information and the certification;
 - Follow up if there are any questions;
 - Open a new case note with description "Request Certification Review";
 - In the case note, state whether or not the certification is approved. If not approved, include instructions for changes in the case note or discuss the changes in person with the counselor;
 - Assign to the counselor;
 - Complete "Date Complete"; and
 - Click on "Task Assignee" to send an email to the counselor.
 - Make any required changes and go to #13 below.
12. If the counselor is on probation or the supervisor has requested a temporary counselor role change to require supervisor approval:
 - The counselor must date and sign the certification to open the date and signature line for supervisor approval.
 - The supervisor will be notified via PDQ and email that a certification of eligibility is ready for approval. Additional methods of notification may be requested by the supervisor.
 - Print the certification. The counselor signs on the appropriate line:
 - Take or route the printed certification to the supervisor.
 - When notified, the supervisor will:
 - Open the case file;
 - Review the case file information and the certification;
 - Follow up if there are any questions or changes;

- If there are any changes:
 - The supervisor should discuss the changes with the counselor in person for clarification and for future TWP; and
 - The counselor must do the following before the supervisor approves:
 - Remove the counselor's date and make the changes;
 - Approve, date and sign the TWP; and
 - Notify the supervisor of the changes.
 - If there are no changes or after changes are made, the supervisor approves, dates and signs the TWP; and
 - Notify the counselor by an appropriate method that the TWP has been approved.
 - Alternate methods for obtaining counselor and supervisor signatures may be implemented by the supervisor.
 - The supervisor should disregard the PC letter that opens. The counselor should open and complete the PC letter.
 - When the supervisor approves the certification, go to #14 below.
13. Date and sign the certification to move the case to the appropriate status.
14. Confirm that the case moves to status 10. Refresh the grid data, if necessary.
15. The Eligibility Letter to the client should open automatically after dating and signing the certification of eligibility:
- Complete the date that you would like the client to contact you to discuss the Employment Needs Assessment;
 - Date and sign the letter; and
 - Mail the letter to the client.

STANDARD PROCEDURES DIRECTIVE 10 - ORDER OF SELECTION AND PRIORITY CATEGORY DETERMINATION

10.1 Order of selection

10.1.1 General

- Federal regulations require that an Order of Selection must be implemented when there is insufficient funding to provide services for all eligible individuals.
- An Order of Selection must be based on a refinement of the definition of an individual with a significant disability that assures that individuals with the most significant disability will be selected first for the provision of vocational rehabilitation services. The criteria includes whether:
 - An individual has severe physical or mental impairments that cause serious functional limitations; and
 - Vocational rehabilitation requires:
 - Multiple services; and
 - 6 months or more from the date that services are initiated to complete.
 - See 10.2.3 for functional capacities and limitations.
- Under an Order of Selection, the provision of services depends on the individual's priority category (see 10.1.2):
 - If a priority category is open, an IPE may be developed to provide services.
 - If a priority category is closed, no IPE is developed. The case is placed in status 04 until:
 - The individual is reclassified to an open priority category (see 10.3);
 - The case is moved off the waiting list to status 10 (see 10.5);
 - The individual no longer needs services; or
 - The individual requests that the case be closed (see 10.4).
- Prior to determining an individual's priority category, an Employment Needs Assessment must be conducted (see 10.2.2).
- A case may not be reclassified to a lower priority category after the client has signed the IPE (see 10.1.11).
- If an order of selection is implemented, the Division of Rehabilitation Services (DRS) must continue to:
 - Provide services for clients who have a completed IPE (signed and dated by client and counselor) prior to the date that the order of selection was implemented;
 - Accept referrals and applications; and
 - Determine eligibility and priority category.

10.1.2 Priority categories

Four priority categories are designated for prioritizing eligible individuals for the provision of services.

10.1.2.1 Priority category 1

An individual classified PC1 is an individual:

- Who has one or more severe physical or mental impairments that seriously limits two or more functional capacities (see 10.2.3) that affects the individual's ability to work;
- Whose vocational rehabilitation requires:
 - Multiple vocational rehabilitation services defined as two or more major services such as physical or mental restoration, training, job readiness, job

development and job placement, or vehicle modification. Excluded are support services such as transportation, maintenance, and the routine counseling and guidance that should take place in every case; and

- 6 months or more from the date that services are initiated to complete.
- Who has one or more physical or mental impairments, determined on the basis of an assessment for determining eligibility and vocational rehabilitation, that cause substantial functional limitations.

10.1.2.2 Priority category 2

An individual classified PC2 is an individual:

- Who has a severe physical or mental impairment that seriously limits one or more functional capacities (see 10.2.3) that affects the individual's ability to work;
- Whose vocational rehabilitation requires:
 - Multiple vocational rehabilitation services defined in 10.1.2.1; and
 - 6 months or more from the date that services are initiated to complete.
 - Who has one or more physical or mental impairments, determined on the basis of an assessment for determining eligibility and vocational rehabilitation, that cause substantial functional limitations.

10.1.2.3 Priority category 3

- An individual classified PC3 is an individual:
 - Who does not have a severe physical or mental impairment.
 - Whose disability does not seriously limit any functional limitation. For example, there is no serious limitation when the client has a:
 - Physical disability with minor limitations in mobility;
 - Mental disability with fairly good work habits and only an occasional problem with co-workers;
 - Cognitive disability and has minor problems expressing thoughts and ideas clearly; or
 - Any other disability that only results in a minor work limitation.
 - Whose vocational rehabilitation requires multiple services defined in 10.1.2.1.

10.1.2.4 Priority category 4

- An individual classified PC4 is an individual:
 - Who does not have a severe physical or mental impairment.
 - Whose disability does not seriously limit any functional limitation. For example, there is no serious limitation when the client has a:
 - Physical disability with minor limitations in mobility;
 - Mental disability with fairly good work habits and only an occasional problem with co-workers;
 - Cognitive disability and has minor problems expressing thoughts and ideas clearly; or
 - Any other disability that only results in a minor work limitation.
 - Whose vocational rehabilitation requires one service defined in 10.1.2.1.

10.1.3 Change in DRS ability to serve cases based on date of application

- If DRS is unable to provide services to all new cases in a priority category, the date of application is the determining factor for which new cases can be served.
- If a previously closed priority category can be partially opened (i.e. some cases, but not all, in a priority category can be served), the date of application is the determining factor.

10.1.4 Follow-up contact for individuals in a closed priority category

- Individuals in a closed priority category must be contacted 12 months from the date of eligibility determination to determine if:
 - There has been a disability-related change in circumstances; or
 - They want to remain on the waiting list.
- The contact must be made using the Order of Selection Follow-up Letter to document the individual's wishes (see 10.4).
- If the client returns the letter, review which paragraph the client has checked and take the appropriate action.
- No further follow-up is required.
- See SPD 39 for closure in status 38, if warranted.

10.1.5 Release of cases in status 04

- Periodically and based on the availability of funding, cases in a closed priority category may be released for the provision of services.
- When cases in status 04 are released for the provision of services, the clients must be notified in writing within 5 working days of the date of the release using the Order of Selection Release Letter (see 10.5).

10.1.6 Reclassification of cases in status 10 or after status 10 to a higher priority category

- If circumstances warrant reclassifying a case to a higher priority category, documentation for the significant functional limitations meeting the appropriate limitation definitions in 10.2.3 must be in the case file prior to completing the reclassification:
 - Scan the documentation;
 - Open "Scanned Document" from the ECF "add a new form" list;
 - Select the appropriate Category;
 - Type "Records from (doctor/hospital)", "Report from (examiner/psychologist)", "Vocational Evaluation Report", etc. in description;
 - Attach the documentation; and
 - Properly dispose of the documentation. If the documentation is provided by the client, return it to the client.
- See 10.4 for reclassification instructions.

10.1.7 Reclassification of cases in status 10 to a lower priority category

- A case in status 10 may be reclassified into a lower priority category provided the IPE has not been signed by the client.
- Justification to downgrade a client's priority category can include:
 - An error made by the counselor when determining the priority category; or
 - The counselor's supervisor does not agree with the PC determination.
- Contact the TRIMS Help Desk for assistance.

10.2 Priority category determination**10.2.1 General**

- All priority category determinations must be made within 90 days of the date of eligibility determination.

- If obtaining documentation to determine the priority category will delay the determination beyond 90 days, the counselor must justify a time extension in a case note:
 - The case note description should be, "PC Determination Time Extension";
 - The case note must contain the reasons for the delay and the expected date when the determination will be completed.
- All priority category determinations should take into account all significant functional limitations resulting from the client's impairment to:
 - Address all of the client's rehabilitation needs; and
 - Allow a determination of the highest priority category possible.
- The counselor must notify the client in writing if assigned to a closed priority category (see 10.2.4.3.2).
- See 10.3 for priority category reclassification.
- Prior to determining an individual's priority category, an employment needs assessment must be conducted (see 10.2.2).

10.2.2 Individuals who receive SSI or SSDI benefits based on disability

- An individual who receives SSI or SSDI benefits based on his/her own disability:
 - Is presumed to meet all criteria for eligibility;
 - Is considered an individual with a significant disability; and
 - Must be presumed eligible (see SPD 7 for presumption of eligibility).
- Individuals presumed eligible:
 - Will be at least PC2;
 - Will require an Employment Needs Assessment;
 - Must have limitations to functional capacities documented and determined in the same manner as for clients who do not receive SSI/SSDI. The fact that a client receives SSI/SSDI is not documentation for a functional limitation.
 - If the highest possible priority category is 2, will not require documenting a limitation to functional capacity on the PC determination form (see 10.3.3.2). Objectives for services will be added to the IPE;
 - If the highest possible priority category is 1, will require documenting the limitations to functional capacities on the PC determination form (see 10.3.3.2).

10.2.3 Employment Needs Assessment (ENA)

- An employment needs assessment is a compilation of information necessary to determine:
 - The limitations to functional capacities created by the impairment;
 - A specific employment objective based on the client's aptitudes, abilities, capabilities and career interests; and
 - The nature and scope of VR services necessary to achieve the specific employment objective.
- An employment needs assessment is guided by the counselor and includes but is not limited to:
 - A summary of the impairment and associated symptoms from medical/psychological records and associated assessments.
 - A summary of information from the Intake, case notes, scanned documents and other individuals pertinent to functional limitations, specific employment objective, and rehabilitation services.
 - A vocational evaluation to determine:
 - The client's aptitudes, abilities, capabilities and career interests that supports a specific employment objective.
 - Behaviors and deficits resulting from the impairment.

- Transferrable skills, including appropriate accommodations to utilize transferrable skills.
- If the client has transferrable skills, why employment is not possible using the transferrable skills, including with appropriate accommodations;
- An occupational category for which the client has the aptitudes, abilities, capabilities and career interests to perform work. Should include a specific employment objective.
- If training is appropriate, the entry level training required and the client's overall ability to participate in training, including the ability to take a full course load and appropriate accommodations to take a full course load.
- Suggested rehabilitation services.
- If requested, self-employment potential.
- Other pertinent information.
- Assistive technology and other purchased assessments as may be necessary.
- Client-assigned activities such as job shadowing or Career Exploration Workbook.
- A summary of the significant and non-significant limitations to functional capacities.
- Local job market analysis and other job information found at <http://www.onetonline.org/>, <https://www.jobs4tn.gov/> or <http://tcids.tbr.edu/>.
- Related factors such as child care, transportation, personal care attendant, felony convictions, etc.
- A summary of vocational rehabilitation services and duration of services necessary to achieve the specific employment outcome.
- A summary of school records, including disciplinary records.
- Background check or drug screen, when appropriate. Requires agreement by the client. If the client does not agree, investigate why and counsel with the client the importance of having this information to develop a rehabilitation program leading to successful employment.
- Summary of education history.
- Information from previous employers.
- Discussions with an employment counselor, when available.
- If it is apparent that supported employment (SE) or customized employment (CE) will be the most appropriate services, a specific employment objective is not determined until after determination of the priority category and completion of the supplemental evaluation for SE or discovery for CE (see SPD 37).
- If the client is interested in self-employment:
 - Complete the vocational evaluation and meet with the client to discuss self-employment potential and feasibility of the proposed business.
 - If self-employment will be the specific employment objective, complete the ENA and determination of the priority category and see SPD 36 for self-employment procedures prior to completion of the IPE.
- The results of an employment needs assessment must be summarized in an Employment Needs Assessment Summary.

10.2.4 Functional capacities and limitations

10.2.4.1 General

- The client's physical, mental or sensory impairment must create a significant functional limitation in a functional capacity for the functional capacity to be considered for priority category 1 or 2 determination.
- Sensory impairments include vision and hearing.

- Functional limitations are specific behaviors and/or deficits that can be observed and/or measured. The behaviors and deficits must be documented in the case file. The specific behaviors and deficits can be documented by:
 - Medical or psychological records;
 - Specific tests, assessments or evaluations; or
 - When observable, a description of the behaviors or deficits.
- A client is considered to have a significant functional limitation in a functional capacity if the client's behaviors and/or deficits meet any one of the functional limitation descriptions for the functional capacity.
- A physical, mental or sensory impairment can create significant functional limitations in multiple functional capacities.
- 10.2.3.2 - 10.2.3.10 describes:
 - The functional capacities; and
 - The specific functional limitations for each functional capacity that significantly limits the client's ability to work.
- The functional limitations have a qualifier such as "limited ability" that defines the severity of a behavior or deficit that creates a significant limitation. These qualifiers are defined as:
 - Limited means most to all of the time.
 - Excessive, habitual, easily, on-going, etc. means most of the time.
- If a client's physical, mental or sensory impairment creates a limitation but it is not significant, then the functional limitation is considered a non-significant limitation and can only be considered for priority category 3 or 4 determination. In other words, the client exhibits the behaviors or deficits described for the functional limitation but it does not meet the severity (limited, excessive, etc.) of the behaviors or deficits defined for the functional limitation. (see 10.2.4.2 for documenting non-significant functional limitations on the Priority Category Determination form).
- The counselor is responsible for obtaining appropriate documentation that meets the functional limitation description. Documentation can include:
 - Assessments by an appropriately credentialed professional (see SPD 4);
 - Vocational evaluations or situational assessments (see SPD 5);
 - Existing records;
 - Observations by a qualified vocational rehabilitation counselor recorded in a case note. The case note description should be "Observed Functional Limitation";
 - Reports from a parent or court-appointed conservator or guardian;
 - Reports from school personnel; or
 - Other appropriate information.

10.2.4.2 Cognitive skills

- Cognitive skills is the mental ability to focus, perceive, comprehend, reason, process or retain information, and form thoughts and ideas clearly in order to function within community and work place environments. See 10.2.3.3 for physical and sensory limitations in communication.
- A significant limitation in cognitive skills exists when, due to a disability, at least one of the following functional limitations applies:
 - Limited ability to form thoughts and ideas clearly;
 - Limited ability to understand or remember verbal or written instructions;
 - Has short attention span or is easily distracted;
 - Limited ability to match shapes, symbols or put parts together;
 - Limited ability to understand consequences of behaviors;
 - Requires double the amount of time or longer than what is normally required to learn new job skills;

- Limited ability to sustain an ordinary work routine without ongoing supervision; or
- Limited to understanding simple concepts.

10.2.4.3 Communication

- Communication is the physical and/or sensory abilities to exchange information, thoughts or ideas verbally or by other means within community and work place environments. See 10.2.3.2 for cognitive (mental) limitations.
- A significant limitation in communication exists when, due to a disability, at least one of the following functional limitations applies:
 - Limited ability to verbally communicate information, thoughts or ideas;
 - Limited ability to read written communication;
 - Limited ability to understand verbal communication;
 - Unable to form speech sounds correctly; or
 - Speech is unintelligible to non-family individuals.

10.2.4.4 Interpersonal skills

- Interpersonal skills are the mental ability to effectively establish and maintain appropriate personal and co-worker relationships within community and work place environments.
- A significant limitation in interpersonal skills exists when, due to a disability, at least one of the following functional limitations applies:
 - Limited ability to accept instructions or criticism;
 - Limited ability to interact with peers, co-workers or supervisors in a socially acceptable manner;
 - On-going behavior exhibited by repetitiveness, social isolation or withdrawal;
 - Habitually lies, exaggerates or engages in harmful gossip;
 - On-going inappropriate expressions of anger and other feelings; or
 - Excessive talking and interrupting.

10.2.4.5 Mobility

- Mobility is the physical, mental and/or sensory abilities to move about within community and work place environments.
- A significant limitation in mobility exists when, due to a disability, at least one of the following functional limitations applies:
 - Limited ability to travel independently;
 - Limited ability to walk, stand or climb;
 - Limited ability to drive a vehicle;
 - Limited ability to maintain balance;
 - Limited coordination due to spasticity; or
 - Limited ability to use available public transportation.

10.2.4.6 Motor skills

- Motor skills are the physical ability to perform job-related tasks requiring upper or lower fine or gross motor skills, excluding ambulation (see 10.2.3.5 for mobility limitations).
- A significant limitation in motor skills exists when, due to a disability, at least one of the following functional limitations applies:
 - Limited fine or gross motor functions;
 - Limited neuro-motor function;

- Limited manual dexterity;
- Limited pedal dexterity;
- Limited ability to push or pull; or
- Limited grip.

10.2.4.7 Self-care

- Self-care is the physical, mental and/or sensory abilities to perform activities of daily living within community and work place environments.
- A significant limitation in self-care exists when, due to a disability, at least one of the following functional limitations applies:
 - Limited ability to comply with requirements of medications or treatment program;
 - Limited ability to live independently;
 - Limited ability to dress or feed self;
 - Limited ability to perform personal hygiene functions;
 - Limited ability to select appropriate clothing;
 - Limited ability to operate household appliances; or
 - Limited ability to perform household chores.

10.2.4.8 Self-direction

- Self-direction is the mental ability to independently manage, plan, organize and carry out activities within community and work place environments.
- A significant limitation in self-direction exists when, due to a disability, at least one of the following functional limitations applies:
 - Limited ability to set realistic goals;
 - Limited ability to make decisions or make plans;
 - Limited ability to manage money;
 - Limited ability to adapt to changes in daily routine or be flexible;
 - Limited ability to complete tasks due to impatience or impulsivity; or
 - Limited ability to choose appropriate and realistic employment.

10.2.4.9 Work skills

- Work skills are the physical, mental and/or sensory abilities to perform job-related tasks and to practice work related habits and behaviors necessary to enter and maintain employment.
- A significant limitation in work skills exists when, due to a disability, at least one of the following functional limitations applies:
 - Limited work experience;
 - Limited marketable skills;
 - Limited transferrable skills;
 - Limited ability to meet industrial standards for production quality; or
 - Limited ability to meet industrial standards in work related behaviors and attitudes.

10.2.4.10 Work tolerance

- Work tolerance is the physical, mental and/or sensory abilities to perform sustained work over the course of a normal work day.
- A significant limitation in work tolerance exists when, due to a disability, at least one of the following functional limitations applies:
 - Limited ability to sustain an 8 hour work day;

- Limited ability to perform at a consistent pace without numerous or extended rest periods;
- Limited ability to maintain a full work week without interruptions; or
- Limited ability to meet physical, mental or sensory demands of occupations.

10.2.5 Instructions for the Priority Category Determination form

10.2.5.1 General

- It is important that the processes for completing information be followed as directed to properly complete the determination form.
- Some features are not available unless information is completed for a text box or a bar is clicked to open another form or letter.
- All supporting documentation must be obtained and documented in the case file prior to completing the determination form.
 - Scan the documentation;
 - Open "Scanned Document" from the available forms list;
 - Select the appropriate Category;
 - Type "Records from (doctor/hospital)", "Report from (examiner/psychologist)", "Vocational Evaluation Report", etc. in description;
 - Attach the documentation; and
 - Properly dispose of the documentation. If the documentation is provided by the client, return it to the client.
- See 10.2.4.3, #9 prior to dating the form in TRIMS.

10.2.5.2 Calculation of the priority categories

- Calculation of the priority categories is done automatically based on the selection of functional limitations, services and length of time to complete the services.
- It is important that the calculation of each priority category is understood to prevent calculation of the wrong priority category. The calculations are as follows:
 - A case will be calculated PC1 when:
 - Functional limitations in at least two functional capacity areas are selected;
 - At least one service is selected that is associated with each selected functional capacity area; and
 - The "6 Months" block for at least one of the selected services is checked "Y".
 - A case will be calculated PC2 when:
 - Functional limitations in only one functional capacity area are selected;
 - At least two services are selected that are associated with the selected functional capacity area; and
 - The "6 Months" block for at least one of the selected services is checked "Y"; or
 - The client is presumed eligible.
 - A case will be calculated PC3 when:
 - "No significant work limitation" is selected for at least one functional capacity area;
 - At least two services are selected that are associated with the selected functional capacity area; and
 - The "6 Months" blocks for the selected services are left blank.
 - A case will be calculated PC4 when:
 - "No significant work limitation" is selected for only one functional capacity area;

- Only one service is selected that is associated with the selected functional capacity area; and
- The "6 Months" block for the selected service is left blank.

10.2.5.3 Instructions

1. Open the form from the ECF "add a new form" list.
2. Primary and secondary impairments should auto-populate from the certification of eligibility.
3. If the client was presumed eligible the "Presumed eligible..." box will be "Y":
 - If "Y" and the highest possible priority category is 2, documenting a limitation to functional capacity on the PC determination form is not required. Go to #8. Objectives for services will be added to the IPE.
 - If the highest possible priority category is 1, documenting the limitations to functional capacities on the PC determination form is required. Go to #4.
4. Select the functional limitations created by the impairment:
 - If there is documentation of significant and non-significant functional limitations in the case file, select only the significant functional limitations for the functional capacity areas.
 - Do not mix significant and non-significant functional limitations as this will result in the wrong PC determination.
 - If there are only non-significant functional limitations, select "No significant work limitation" for the functional capacity areas that are closely associated with the disability and substantial impediment to employment.
 - All of a client's significant functional limitations should be documented to:
 - Address all of the client's rehabilitation needs; and
 - Allow a determination of the highest priority category possible.
5. For each functional capacity area with functional limitations selected, select the proposed services determined by the employment needs assessment that will address the rehabilitation needs of the functional limitation. If it is evident that the client will be PC1 and there is a need for supported employment services, select "Supported Employment Services" for each functional limitation.
6. For significant functional limitations, a determination must be made regarding the length of time required to complete the services. If one service or a combination of services will take at least 6 months to complete, select "Y" for the "6 months" block for one of the services. It is not necessary to select "Y" for all services.
7. For non-significant functional limitations where "No significant work limitation" is selected, no determination is made for the length of time required to complete the services. The "6 months" block must be left blank for the selected services for all non-significant functional limitations.
8. The Order of Selection priority category will auto-populate based on:
 - Selection of the limitations to functional capacities;
 - The number of services; and
 - Whether the "6 months" block is checked; or
 - If the client was presumed eligible.
9. Significant disability will auto-populate with "Y" for PC 1 and 2.

10. If the supervisor requires a review of PC determinations:
 - Do not sign and date the form until the supervisor approves.
 - The counselor must notify the supervisor that a PC determination is ready for review (Use Task Assignment or an alternate method of notification requested by the supervisor). If Task Assignment is used:
 - In the form's case note footer, complete the date and the description should be "Request PC Determination Approval". A note can be added, if necessary
 - Below the note section of the case note footer, check the block next to "Assign this as a task to someone":
 - Assign the task to the supervisor;
 - Complete "Due Date"; and
 - At "Send Email Reminder To", click on "Task Assignee" to send an email to the supervisor.
 - When notified, the supervisor will:
 - Open the case file;
 - Review the case file for appropriate documentation;
 - Follow up if there are any questions or changes;
 - If there are any changes:
 - The supervisor should discuss the changes with the counselor in person for clarification and reference for future PC determination; and
 - The counselor must make the required changes before dating the form.
 - If there are no changes or after changes are made and reviewed if necessary, notify the counselor by case note that the closure has been approved:
 - Open a new case note with description "PC Determination Approval";
 - In the case note, state whether or not the closure is approved. If not approved, include instructions for changes in the case note or discuss the changes in person with the counselor.
 - If Task Assignment is used, assign to the counselor;
 - Complete "Date Complete:"; and
 - Click on "Task Assignee" to send an email to the counselor.
 - The counselor must complete the date on the form to complete the process (go to #11).
11. For new counselors on probation or the supervisor has requested a temporary counselor role change to require supervisor signature approval:
 - Sign and date the form to open the supervisor's signature line and date box:
 - When the date is completed, an edit screen may open if case work has not been properly completed.
 - The information in the edit screen must be completed before the case can be closed.
 - After completing the edits, complete the date again.
 - The supervisor will be notified via PDQ and email that a case closure is ready for approval. Additional methods of notification, such as "Task Assignment" may be requested by the supervisor. If Task Assignment is used:
 - Below the note section of the case note footer, check the block next to "Assign this as a task to someone":
 - Assign the task to the supervisor;
 - Complete "Due Date"; and
 - At "Send Email Reminder To", click on "Task Assignee" to send an email to the supervisor.
 - When notified, the supervisor will:
 - Open the case file;

- Review the case file for appropriate documentation;
- Follow up if there are any questions or changes;
- If there are any changes:
 - The supervisor should discuss the changes with the counselor in person for clarification and reference for future PC determinations; and
 - The counselor must make the required changes before dating the closure.
- Sign and complete the date on the form and hit the Tab key to complete the process. The supervisor should disregard the PC letter that opens. The counselor should open and complete the letter.
- Notify the counselor by case note that the PC determination has been approved:
 - Open a new case note with description "PC determination Approval";
 - Indicate in the case note that the form has been dated;
 - In Task Assignment, assign to the counselor;
 - Complete "Date Complete:"; and
 - Click on "Task Assignee" to send an email to the counselor.

12. Date and sign the form.

13. Confirm that the case moves to the appropriate status. Refresh the grid data, if necessary.

14. Complete the PC letter:

- Date and sign the letter; and
- Mail the letter to the client.

10.2.5.4 Instructions for the Priority Category letters

10.2.5.4.1 Priority Category 1 or 2

1. The letter should open automatically after dating the priority category form.
2. Complete the date that you would like the client to contact you to discuss the Employment Needs Assessment.
3. Date and sign the letter.
4. Print and mail to the client.

10.2.5.4.2 Priority Category 3 or 4

1. The letter should open automatically after dating the priority category form.
2. The priority category will auto-populate.
3. Complete the address and phone number of the listed agencies that may be able to provide services for the individual.
4. Date and sign the letter.
5. Print and mail to the client.

10.3 Priority category reclassification for cases in status 04

10.3.1 General

- If an individual cannot be reclassified to an open priority category, the individual should be reclassified to the highest closed priority category possible in the event the priority category will be opened or released for services in the future.
- All supporting documentation must be obtained and documented in the case file prior to completing the determination form.
 - Scan the documentation;
 - Open "Scanned Document" from the available forms list;
 - Select the appropriate Category;
 - Type "Records from (doctor/hospital)", "Report from (examiner/psychologist)", "Vocational Evaluation Report", etc. in description;
 - Attach the documentation; and
 - Properly dispose of the documentation. If the documentation is provided by the client, return it to the client.
- See 10.3.2, #9 prior to dating the form in TRIMS.

10.3.2 Instructions for the Priority Category Reclassification form

10.3.2.1 General

- After a case has been determined PC2 and moved to status 10, the case cannot be reclassified to PC1 using the Priority Category Reclassification form.
- It is important to understand how each priority category is calculated in 10.2.4.2 to prevent calculation of the wrong priority category (see 10.2.4.2).
- It is important that the processes for completing information be followed as directed to properly complete the determination form.
- Some features are not available unless information is completed for a text box or a bar is clicked to open another form or letter.

10.3.2.2 instructions

1. Open the Priority Category Reclassification form from the ECF "add a new form" list.
2. Primary and secondary impairments and functional limitations and services should auto-populate from the initial priority category determination form.
3. Select the additional functional limitations created by the impairment:
 - If there is documentation of a significant functional limitation in the case file, select the appropriate functional limitation for that functional capacity area.
 - If there is not a significant functional limitation, select "No significant work limitation" for the functional capacity areas that are closely associated with the disability and substantial impediment to employment.
4. For each functional capacity area with functional limitations selected, select the proposed services determined by the employment needs assessment that will address the rehabilitation needs of each functional limitation. If it is evident that the client will need supported employment services, select "Supported Employment Services" for each functional limitation.
5. For significant functional limitations, a determination must be made regarding the length of time required to complete the services. If one service or a combination of services will take at least 6 months to complete, select "Y" for the "6 months" block for one of the services. It is not necessary to select "Y" for all services.

6. For non-significant functional limitations where "No significant work limitation" is selected, no determination is made for the length of time required to complete the services. The "6 months" block must be left blank for all functional limitations.
7. The Order of Selection priority category will auto-populate based on selections of the functional limitations, services and "6 months" block.
8. Significant disability will auto-populate with "Y" for PC 1 and 2.
9. If the supervisor requires review of PC determinations:
 - Do not sign and date the determination until the supervisor reviews the determination.
 - The counselor must notify the supervisor that a determination is ready for review (alternate methods of notification may be requested by the supervisor):
 - In the determination form's case note footer, complete the date and the description should be "Request PC Determination Review". A note can be added, if necessary;
 - Below the note section of the case note footer, check the block next to "Assign this as a task to someone":
 - Assign the task to the supervisor;
 - Complete "Due Date"; and
 - At "Send Email Reminder To", click on "Task Assignee" to send an email to the supervisor.
 - When notified, the supervisor will:
 - Open the case file;
 - Review the case file information and the determination;
 - Follow up if there are any questions;
 - Open a new case note with description "Request PC Determination Review";
 - In the case note, state whether or not the determination is approved. If not approved, include instructions for changes in the case note or discuss the changes in person with the counselor;
 - Assign to the counselor;
 - Complete "Date Complete"; and
 - Click on "Task Assignee" to send an email to the counselor.
 - Make any required changes and go to #11 below.
10. If the counselor is on probation or the supervisor has requested a temporary counselor role change to require supervisor approval:
 - The counselor must sign and date the determination form to open the date box for supervisor approval.
 - The supervisor will be notified via PDQ and email that a PC determination is ready for approval. Additional methods of notification may be requested by the supervisor.
 - Print the determination form. The counselor signs on the appropriate line:
 - Take or route the printed determination form to the supervisor.
 - When notified, the supervisor will;
 - Open the case file;
 - Review the case file information and the determination form;
 - Follow up if there are any questions or changes;
 - If there are any changes:
 - The supervisor should discuss the changes with the counselor in person for clarification and for future determinations; and
 - The counselor must do the following before the supervisor approves:

- Make the changes;
- Print the determination form and sign; and
- Return the printed determination form to the supervisor.
- If there are no changes or after changes are made:
 - Sign and date the determination form; and
 - Complete the supervisor date in TRIMS and hit the Tab key to move the case to the appropriate status.
- Notify the counselor by an appropriate method that the determination form has been approved.
- Alternate methods for obtaining counselor and supervisor signatures may be implemented by the supervisor.
- The supervisor should disregard the PC reclassification letter that opens. The counselor should open and complete the PC letter.
- When the supervisor approves the determination form, go to #13 below.

11. Date and sign the form.

12. Confirm that the case moves to the appropriate status. Refresh the grid data, if necessary.

13. Complete the PC letter:

- Date and sign the letter; and
- Mail the letter to the client.

10.4 Priority category reclassification for cases in status 10 or after status 10 to a higher priority category

10.4.1 General

- It is important that the processes for completing information be followed as directed to properly complete the reclassification process.
- If circumstances warrant reclassifying a case to a higher priority category, documentation for an additional significant functional limitation or limitations meeting the appropriate limitation definitions in 10.2.3 must be in the case file prior to completing the reclassification:
 - Scan the documentation;
 - Open "Scanned Document" from the available forms list;
 - Select the appropriate Category;
 - Type "Records from (doctor/hospital)", "Report from (examiner/psychologist)", "Vocational Evaluation Report", etc. in description;
 - Attach the documentation; and
 - Properly dispose of the documentation. If the documentation is provided by the client, return it to the client.
- See 10.6 for Priority Category Reclassification Letter to the client.

10.4.2 Instructions

1. If the counselor is on probation or the supervisor requires review of a reclassification, do not open the Priority Category Reclassification form until supervisor approval for reclassification has been documented in the case file.
2. Open the existing Priority Category Reclassification from the ECF.
3. Select the additional limitations under the appropriate functional capacity area.

4. Select the proposed services associated with the limitations.
 - If the proposed services will require at least 6 months to complete, the "6 Months" block should be "Y";
 - If the proposed services will require less than 6 months to complete, the "6 Months" block should be left blank or can be "N".
5. Confirm that the "Order of Selection" changes to PC1.
6. Print the form. The counselor signs and dates to the right of the counselor's name.
7. For counselor's on probation, the supervisor signs and dates below the counselor's name.
8. After the printed form is signed and dated:
 - Scan the form;
 - Attach the document to the form in TRIMS;
 - Type "Reclassification Signature" in attachment notes; and
 - Properly dispose of the form.
9. See 10.5 for Priority Category Reclassification Letter to the client.

10.5 Instructions for the Priority Category Reclassification letter

1. For reclassification from status 04 to status 10, the letter should open automatically after dating the reclassification form.
2. For reclassification of PC2 cases in status 10 or greater than status 10, the Priority Category Reclassification Letter does not auto-open. Open the Priority Category Reclassification letter from the ECF "add a new form" letter list.
3. Complete the date that you would like the client to contact you to discuss the Employment Needs Assessment.
4. Date and sign the letter.
5. Print and mail to the client.

10.6 Instructions for the Order of Selection (OOS) Follow-up letter

1. Open the letter from the ECF "add a new form" list.
2. Complete the date that you would like the client to contact you to discuss the next step.
3. Date and sign the letter.
4. Print and mail to the client.
5. If the client returns the letter, the returned letter must be documented in the case file:
 - Scan the letter;
 - Open "Scanned Document" from the available forms list;
 - Select the appropriate Category;
 - Type "Order of Selection Follow-up Letter from Client" in description;
 - Attach the letter; and

- Properly dispose of the letter.

10.7 Instructions for the Order of Selection (OOS) Release Letter

1. Open the letter from the ECF "add a new form" list.
2. Complete the date that you would like the client to contact you to discuss the next step.
3. Date and sign the letter.
4. Print and mail to the client.



**STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES
DIVISION OF REHABILITATION SERVICES**

(VR Office Address)

BILL HASLAM

Governor

RAQUEL HATTER, MSW, Ed.D.

Commissioner

(Date)

DRAFT Eligible

(Client Name)

(Address)

Dear (Client Name):

I am pleased to inform you that based on your disabling condition and work limitations caused by your disabling condition that you are eligible for vocational rehabilitation services.

The next step in your rehabilitation process is to conduct an Employment Needs Assessment (ENA). The purpose of the ENA is to determine an appropriate vocational goal for you and what services are necessary to help you achieve that goal and to determine your priority category for services.

Currently the Division of Rehabilitation Services (DRS) does not have enough funding to provide services for all eligible persons and we therefore must determine your priority for services based on the severity of your disabling condition and work limitations. DRS has 4 priority categories for services which are defined as:

Priority Category 1 – Eligible individuals who have the most significant disabilities whose vocational rehabilitation is expected to require multiple services over an extended period of time.

Priority Category 2 – Eligible individuals who have significant disabilities whose vocational rehabilitation is expected to require multiple services over an extended period of time.

Priority Category 3 – Eligible individuals who do not have a significant disability whose vocational rehabilitation is expected to require multiple services.

Priority Category 4 – Eligible individuals who do not have a significant disability and who cannot be classified into a higher priority category.

DRS is currently providing services for persons classified in Priority Categories 1 and 2.

Please call me at (counselor phone) or email me at (counselor email) so that we can schedule a meeting to discuss conducting your ENA.

I would very much appreciate hearing from you by (fill in date).

Sincerely,

(Counselor Name)

Vocational Rehabilitation Counselor



STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES
DIVISION OF REHABILITATION SERVICES

(VR Office Address)

BILL HASLAM

Governor

RAQUEL HATTER, MSW, Ed.D.

Commissioner

(Date)

DRAFT Ineligible

(Client Name)

(Address)

Dear (Client Name):

I am sorry to inform you that based on your disabling condition and work limitations you are not eligible for vocational rehabilitation services.

The local career center located at (address, phone) can provide you services to help you secure employment including Workforce Investment Act programs, Job Service, education programs and other programs serving special populations.

Please let me know if there is a change in your disabling condition that may affect your eligibility for services.

If you do not agree with a decision made by the vocational rehabilitation counselor and you want to request a review of the decision, you must let me or my supervisor (supervisor name, phone number) know in writing or orally no later than 30 calendar days from the date of notification of the decision. If you have questions or need assistance asking for a review, please contact me or my supervisor.

The review may include an administrative review, mediation or fair hearing. You may choose any one of these methods to conduct the review. If you do not choose one, an informal administrative review will be conducted within 15 days of your request. Even if the review is conducted by an informal administrative review or mediation, you may choose a fair hearing at any time during a review or mediation or no later than 30 days after completion of an informal administrative review or mediation. If you request a fair hearing, it will be scheduled within 60 days of your request.

A Client Assistance Program (CAP) is available to help you:

- Understand the services and benefits available from vocational rehabilitation services;
- Request and pursue a review of a decision made by vocational rehabilitation staff that affects the provision of vocational rehabilitation services; and
- Understand your rights and responsibilities under the law.

The CAP is provided by Disability Law & Advocacy Center of Tennessee. You can contact the CAP by mail at P.O. Box 121257, Nashville, TN 37212-5385; or call them (1-800) 342-1660 or TTY (1-888) 852-2852; or email them at GetHelp@DLACTN.org.

Sincerely,

(Counselor Name)

Vocational Rehabilitation Counselor



STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES
DIVISION OF REHABILITATION SERVICES

(VR Office Address)

BILL HASLAM

Governor

RAQUEL HATTER, MSW, Ed.D.

Commissioner

(Date)

DRAFT Presumed Eligible

(Client Name)

(Address)

Dear (Client Name):

As a recipient of Social Security Disability Insurance (SSDI) and/or Supplemental Security Income (SSI) based on your own disabling condition, you are presumed eligible for vocational rehabilitation services.

The next step in the rehabilitation process is to conduct an Employment Needs Assessment (ENA). The purpose of the ENA is to determine an appropriate vocational goal for you and what services are necessary to help you achieve that goal and to determine your priority category for services.

DRS is currently providing services for persons classified in Priority Categories 1 and 2. Because you are a recipient of SSI and/or SSDI benefits, your priority category will be at least 2.

As part of your ENA, you will be required to meet with a Benefits to Work Specialist to discuss how going to work will affect your SSDI and/or SSI benefits. When we meet, I will give you more information about meeting with a Benefits Specialist.

Please call me at (counselor phone) or email me at (counselor email) so that we can schedule a meeting to discuss conducting your ENA.

I would very much appreciate hearing from you by (fill in date).

Sincerely,

(Counselor Name)

Vocational Rehabilitation Counselor



STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES
DIVISION OF REHABILITATION SERVICES

(VR Office Address)

BILL HASLAM

Governor

RAQUEL HATTER, MSW, Ed.D.

Commissioner

(Date)

DRAFT Priority Category 1 or 2

(Client Name)
(Address)

Dear (Client Name):

I am pleased to inform you that it has been determined that your Priority Category is (#) and that the Division of Rehabilitation Services (DRS) is able to provide you services to help you achieve a successful employment outcome.

The next step in your rehabilitation process is to meet with you to discuss the results of your Employment Needs Assessment and to develop your Individualized Plan for Employment.

Please call me at (counselor phone) or email me at (counselor email) so that we can schedule a meeting.

I would very much appreciate hearing from you by (fill in date).

Sincerely,

(Counselor Name)

Vocational Rehabilitation Counselor



STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES
DIVISION OF REHABILITATION SERVICES

(VR Office Address)

BILL HASLAM

Governor

RAQUEL HATTER, MSW, Ed.D.

Commissioner

(Date)

DRAFT Priority Category 3 or 4

(Client Name)

(Address)

Dear (Client Name):

I am writing to inform you that it has been determined that your Priority Category is (#). The Division of Rehabilitation Services (DRS) cannot provide services for you at this time because there is not enough funding to provide services for all eligible persons. Your case will remain open and you will be notified if funding increases and DRS is able to provide you services.

The following Agencies may be able to provide services to help you secure employment:

- The local career center located at (address, phone) can provide you services to help you secure employment including Workforce Investment Act programs, Job Service, education programs and other programs serving special populations.
- School Financial Aid Offices located at colleges, universities and schools may be able to funding for training.
- Department of Human Services (DHS) office located at (address, phone) for TennCare, Food Stamps and Families First.
- Mental health facility located at (address, phone) for mental health services.
- Veterans Administration office located at (address, phone) for veteran's services.
- Social service agency located at (address, phone) for local social services.
- (Agency name) located at (address, phone) for (service).

Please let me know if there is a change in your disabling condition that may affect your priority for services or if you no longer need or desire services from DRS.

If you do not agree with a decision made by the vocational rehabilitation counselor and you want to request a review of the decision, you must let me or my supervisor (supervisor name, phone number) know in writing or orally no later than 30 calendar days from the date of notification of the decision. If you have questions or need assistance asking for a review, please contact me or my supervisor.

The review may include an administrative review, mediation or fair hearing. You may choose any one of these methods to conduct the review. If you do not choose one, an informal administrative review will be conducted within 15 days of your request. Even if the review is conducted by an informal administrative review or mediation, you may choose a fair hearing at any time during a review or mediation or no later than 30 days after completion of an informal administrative review or

mediation. If you request a fair hearing, it will be scheduled within 60 days of your request.

A Client Assistance Program (CAP) is available to help you:

- Understand the services and benefits available from vocational rehabilitation services;
- Request and pursue a review of a decision made by vocational rehabilitation staff that affects the provision of vocational rehabilitation services; and
- Understand your rights and responsibilities under the law.

The CAP is provided by Disability Law & Advocacy Center of Tennessee. You can contact the CAP by mail at P.O. Box 121257, Nashville, TN 37212-5385; or call them (1-800) 342-1660 or TTY (1-888) 852-2852; or email them at GetHelp@DLACTN.org.

Sincerely,

(Counselor Name)

Vocational Rehabilitation Counselor



STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES
DIVISION OF REHABILITATION SERVICES

(VR Office Address)

BILL HASLAM

Governor

RAQUEL HATTER, MSW, Ed.D.

Commissioner

(Date)

DRAFT Priority Category Reclassification 3 or 4 to 1 or 2

(Client Name)

(Address)

Dear (Client Name):

I am pleased to inform you that your Priority Category has been reclassified to (#) and that the Division of Rehabilitation Services (DRS) is now able to provide you services to help you achieve a successful employment outcome.

The next step in your rehabilitation process is to meet with you to discuss the results of your Employment Needs Assessment, to determine an appropriate vocational goal and what services are necessary to help you achieve that goal and to develop your Individualized Plan for Employment.

Please call me at (counselor phone) or email me at (counselor email) to update your current situation and to schedule a meeting.

I would very much appreciate hearing from you by (fill in date).

Or, you may check one of the boxes below and return the letter to me at the above address.

1. ☐ Call me at _____ or e-mail me at _____
2. ☐ I am employed but want to discuss the possibility of services to help me enter employment that is more consistent with my abilities and interests. Please provide phone number and/or e-mail above.
3. ☐ I am employed and no longer interested in vocational rehabilitation services and want my case closed. I understand that I can re-apply for services at any time.
4. ☐ I am no longer interested in receiving vocational rehabilitation services to assist me to enter employment and want my case closed. I understand that I can re-apply for services at any time.

Sincerely,

(Counselor Name)

Vocational Rehabilitation Counselor



STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES
DIVISION OF REHABILITATION SERVICES

(VR Office Address)

BILL HASLAM

Governor

RAQUEL HATTER, MSW, Ed.D.

Commissioner

(Date)

DRAFT Priority Category Reclassification 2 to 1

(Client Name)

(Address)

Dear (Client Name):

I am pleased to inform you that your Priority Category has been reclassified from 2 to 1 and that the Division of Rehabilitation Services (DRS) is now able to provide you more intensive services to help you achieve a successful employment outcome.

The next step in your rehabilitation process is to meet with you to review your program of services and amend your Individualized Plan for Employment.

Please call me at (counselor phone) or email me at (counselor email) so that we can schedule a meeting.

I would very much appreciate hearing from you by (fill in date).

Sincerely,

(Counselor Name)

Vocational Rehabilitation Counselor



STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES
DIVISION OF REHABILITATION SERVICES

(VR Office Address)

BILL HASLAM

Governor

RAQUEL HATTER, MSW, Ed.D.

Commissioner

(Date)

DRAFT SSDI/SSI Situational Assessment

(Client Name)

(Address)

Dear (Client Name):

As a recipient of Social Security Disability Insurance (SSDI) and/or Supplemental Security Income (SSI) based on your own disabling condition, you are presumed eligible for vocational rehabilitation services.

Based on the severity of your disabling condition and the work limitations caused by your disabling condition, it is not clear if you can benefit from vocational rehabilitation services and achieve a successful employment outcome.

An evaluation called a situational assessment will help me determine if you can benefit from vocational rehabilitation services and achieve a successful employment outcome.

Please call me at (counselor phone) or email me at (counselor email) so that we can schedule a meeting to discuss conducting a situational assessment.

I would very much appreciate hearing from you by (fill in date).

If you do not agree with a decision made by the vocational rehabilitation counselor and you want to request a review of the decision, you must let me or my supervisor (supervisor name, phone number) know in writing or orally no later than 30 calendar days from the date of notification of the decision. If you have questions or need assistance asking for a review, please contact me or my supervisor.

The review may include an administrative review, mediation or fair hearing. You may choose any one of these methods to conduct the review. If you do not choose one, an informal administrative review will be conducted within 15 days of your request. Even if the review is conducted by an informal administrative review or mediation, you may choose a fair hearing at any time during a review or mediation or no later than 30 days after completion of a review or mediation. If you request a fair hearing, it will be scheduled within 60 days of your request.

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Sincerely,

(Counselor Name)

Vocational Rehabilitation Counselor



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Commissioner

(Date)

DRAFT Trial Work Experience

(Client Name)

(Address)

Dear (Client Name):

Based on the severity of your disabling condition and the work limitations caused by your disabling condition, it is not clear if you can benefit from vocational rehabilitation services and achieve a successful employment outcome.

A determination of eligibility for you cannot be completed until you participate in a trial work experience. A trial work experience will help me determine if you can work and which services will be best able to help you secure employment if you can work.

Please call me at (counselor phone) or email me at (counselor email) so that we can schedule a meeting to discuss conducting a trial work experience.

I would very much appreciate hearing from you by (fill in date).

If you do not agree with a decision made by the vocational rehabilitation counselor and you want to request a review of the decision, you must let me or my supervisor (supervisor name, phone number) know in writing or orally no later than 30 calendar days from the date of notification of the decision. If you have questions or need assistance asking for a review, please contact me or my supervisor.

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Sincerely,

(Counselor Name)

Vocational Rehabilitation Counselor



STATE OF TENNESSEE
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(VR Office Address)

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Governor

RAQUEL HATTER, MSW, Ed.D.

Commissioner

(Date)

DRAFT Case Closure for Intervening Reasons

(Client Name)

(Address)

Dear (Client Name):

(Explanation why case is being closed. Relate to intervening reasons in case closure SPD.)

If you do not agree with a decision made by the vocational rehabilitation counselor and you want to request a review of the decision, you must let me or my supervisor (supervisor name, phone number) know in writing or orally no later than 30 calendar days from the date of notification of the decision. If you have questions or need assistance asking for a review, please contact me or my supervisor.

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Sincerely,

(Counselor Name)

Vocational Rehabilitation Counselor

**VR Certification of Eligibility/Ineligibility**Office: Region: Individual's Name: SSN: Current Status: Current Status Date: **Impairments****Primary Impairment**Impairment: Cause: **Secondary Impairment**Impairment: Cause: **Presumed eligible based on documentation in the file that the individual is eligible for SSI or SSDI based on his or her disability. ☐****Extensions:**Eligibility Extension Date 1: **Eligibility Justification:**

Describe the physical, sensory or mental impairments and the documentation that substantiates the impairments.

Explain how the impairments constitute or result in a substantial impediment to employment.

Describe why VR services are required to prepare for, secure, retain or regain employment.

Trial Work Experiences or Extended Evaluation:

Explain why the individual is incapable of benefiting from VR services in terms of an employment outcome based on the severity of the individual's disability.

Eligibility Parameters:Individual (has/does not have) a physical, sensory or mental impairment.Impairments (do/do not) constitute or result in a substantial impediment to employment.Individual (does/does not) require VR services to prepare for, secure, retain or regain employment.Individual (can/cannot) benefit in terms of an employment outcome from VR services.I certify by the information provided above that (eligible/ineligible) for vocational rehabilitation services.

Vocational Rehabilitation Counselor

Date

**Priority Category Determination**

Office:
Region:
Individual's Name:
SSN:
Current Status:
Current Status Date:

Impairments**Primary Impairment**

Impairment:
Cause:

Secondary Impairment

Impairment:
Cause:

Presumed eligible based on documentation in the file that the individual is eligible for SSI or SSDI based on his or her disability. ☐

Limitations to functional capacities and associated services:**Cognitive Skills**

Services associated with Cognitive Skills
6 months?

☐**Communication**

Services associated with Communication
6 months?

☐**Interpersonal Skills**

Services associated with Interpersonal Skills
6 months?

☐**Mobility**

Services associated with Mobility
6 months?

☐**Motor Skills**

Services associated with Motor Skills
6 months?

☐

Self-Care

Services associated with Self-Care
6 months?

☐

Self-Direction

Services associated with Self-Direction
6 months?

☐

Work Skills

Services associated with Work Skills
6 months?

☐

Work Tolerance

Services associated with Work Tolerance
6 months?

☐

**Priority
Category:**

Significant Disability ☐

Vocational Rehabilitation
Counselor

Date